

HIGH DEDUCTIBLE PLAN

SUMMARY OF BENEFITS

PLAN COVERAGE	IN-NETWORK		OUT-OF-NETWORK	
	Individual	Family	Individual	Family
Annual Deductible	\$2000	\$4000	\$4000	\$8000
Annual Out-of-Pocket Maximum	\$3000	\$6000	\$6000	\$12000
Coinsurance (The amount you pay)	10% After deductible up to the out of pocket maximum		30% After deductible up to the out of pocket maximum	
Physician Visits- Primary Care / Specialist	10% After deductible up to the out of pocket maximum		30% After deductible up to the out of pocket maximum	
Preventative Care	No charge		30% After deductible up to the out of pocket maximum	
Teladoc™	\$45 until deductible is met		N/A	
Urgent Care/ER Visit	10% After deductible up to the out of pocket maximum		30% After deductible up to the out of pocket maximum	
Hospital (out-patient / in-patient services)	10% After deductible up to the out of pocket maximum		30% After deductible up to the out of pocket maximum	
Prescription Drugs (Generic, Brand and Specialty)	10% After deductible up to the out of pocket maximum		Subject to out-of-network provisions	

Please refer to the UMR Benefit Booklet on the City's Intranet for details regarding covered services, exclusions and other plan terms.

Out of Pocket - Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services and prescriptions.